

2016 Defense Health Information Technology Symposium

Air Force Medical Service (AFMS) Health Information Technology (HIT)



“Medically Ready Force...Ready Medical Force”

AFMS MISSION

“Enable medically fit forces, provide expeditionary medics, and improve the health of all we serve to meet our Nation’s needs.”



“Medically Ready Force...Ready Medical Force”

Learning Objectives

- Know the role of the IMIT Associate Corps Chief
- CTO
- Identify who the the AF Account Manger is and what he does
 - Understand the process for submitting a requirement
- Comprehend the roles and responsibilities of the MIS Flight
- Be familiar with certification requirements

Agenda



2016 Defense Health Information Technology Symposium

- What does the Associate Corps Chief, IMIT do for you?
- CTO
- Your “Voice” in the DHA
- MIS Flight Roles & Responsibilities
- Certification Requirements

“Medically Ready Force...Ready Medical Force”



IMIT Associate Corps Chief Col Chip Terry

"Medically Ready Force...Ready Medical Force"

What Is The Role of The IMIT Associate Corps Chief ?



2016 Defense Health Information Technology Symposium

- Work with AFPC to understand and guide individual assignments IMIT specialty matched members.
- Represent the IMIT functional area at DT, Senior MSC Council, meeting, etc.
- At it's core -- succession planning; provide guidance and mentorship for follow on assignments to IMIT specialty matched members.
- Identify key positions requiring specialized-level functional expertise and clearly identify educational and experiential development programs that will ensure functional expertise required of people serving in these positions
 - Develop a pool of well-qualified candidates for positions of significant responsibility that require specialized-level functional expertise.



“Medically Ready Force...Ready Medical Force”

As a Key Member of the MSC Developmental Team...



2016 Defense Health Information Technology Symposium

- Sq CC Eligibility
- Health Professions Education Requirements Bd. (HPERB)
 - AFIT degrees
 - EWI & Fellowships
- In-residence PME Panel
 - Squadron Officer School
 - Air Command & Staff College
 - Air War College
- Specialty Match Board
 - 8-10 yr point
- Deployment Recommendations
- SGA and AES/DO Boards
 - Competitive Selection
- Vector Officers
 - Prior to VML
 - Out-of-cycle vector
 - Graduating SQ/CC
 - PME graduates
- Special Assignment List
 - Key HAF, DHA HIT positions
 - G.O. Executive Officers
 - OUSD, White House, Other
- IAI, Capstone, MSLP for Col/Col(s)



“Medically Ready Force...Ready Medical Force”

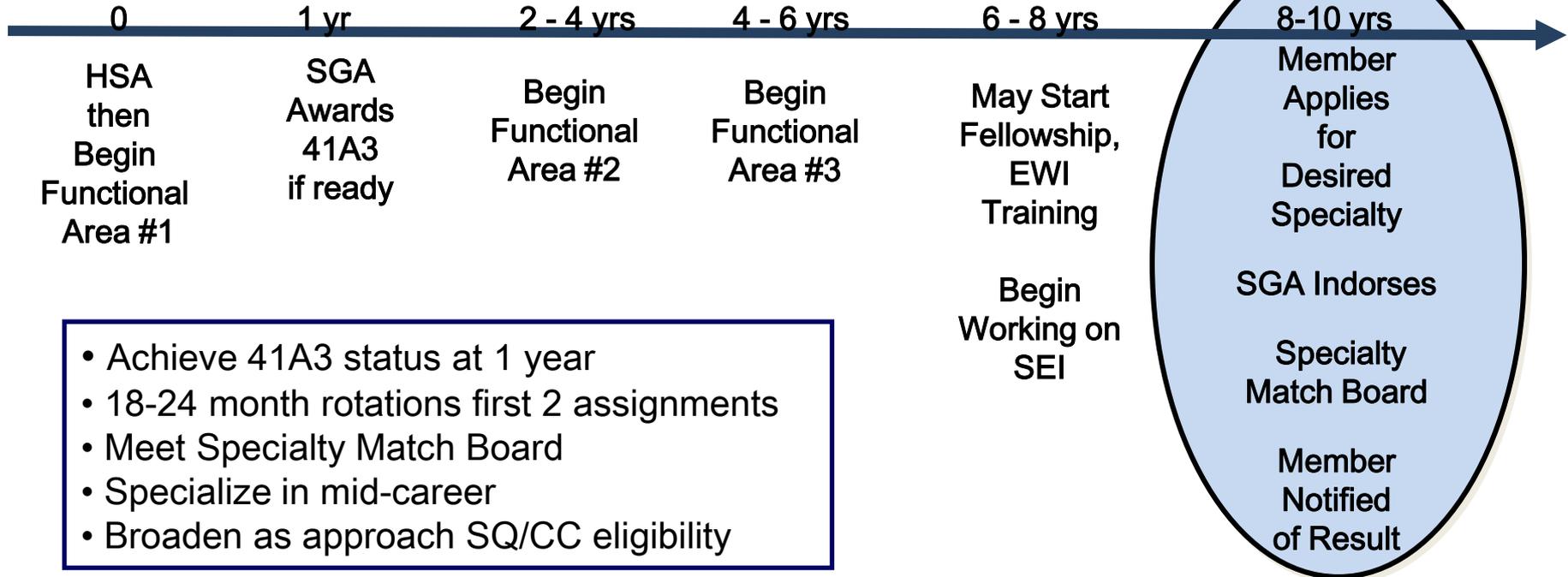
MSC Career Path



Defense Health Agency

2016 Defense Health Information Technology Symposium

First Assignment / Second Assignment



“Medically Ready Force...Ready Medical Force”

IM/IT Specialty Match

MSC Officer

Career Path Guide

Positions listed are not in priority order by grade

■ After Specialty Match, pyramid is tailored for IM/IT Specialty Match

■ Prior to Specialty Match, pyramid is the same for all MSCs

DEPLOYMENT

Summit DE

- Capstone
 - Medical Strategic Leader Program
 - Interagency Inst for Fed HC Exec
- #### Ed / Training
- Gp CC Course, Aerospace Med Course

SDE AWC / NWC / RAND

Ed / Training

- Sq/CC Course, IES / SGA Course

IDE ACSC

Ed / Training

- Board Certification (CPHIMS)
- EWI, Fellowship
- Acquisition Training

PDE SOS

Ed / Training

- Advanced Degree
- AFIT, EWI
- Fellowship, AF Intern

Initial Skills Training

- HSA, Specialty Intern

HIT Assoc
Corps Chief*
Dep Director
- DHA HIT
DHA HIT Div Chief
DHA HIT Div COO
Senior Prog Mgr

Group CC / CD / SGA

Squadron Command

AFMS Chief Technology Officer
Service Account Manager
DHA Branch Chief

Multi-Service Market / War fighter HQ

Large MTF CIO Small MDG/SGA

DHA Section Chief Junior Program Manager
Deputy DHA Branch Chief

Career Broadening Medium MTF Flight Command / CIO
Joint Svc MTF CIO

DHA AO

Instructor Duty Career Broadening / Special Duty

GO Exec Specialty Match Small MTF Flight Command / CIO

Continue to expand breadth of MTF functional experience

41A3 Fully Qualified

Flight Command

- Aeromedical Evacuation
- Health Facilities
- Health Plan Management
- Information Mgmt / Technology
- Medical Logistics
- Medical Readiness
- Resource Management

41A1 Entry Level

Flight Command

Accession Training / Education

* HIT Associate Corps Chief is dual-hatted as either the DHA HIT Deputy Director or a DHA HIT Division Chief



IMIT leaders once were in the shadows keeping the cables connected; only in the room to ensure the VTC equipment worked properly....



Now IMIT leaders have a seat at the table, helping to direct and shape the future of the healthcare environment.

“Medically Ready Force...Ready Medical Force”

Enterprise Support Activities

Health IT Benefits



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Consolidating and optimizing MHS HIT infrastructure will deliver a **single, secure, interoperable infrastructure** for DoD medical communications and IT operations that:
 - Replaces duplicative Service Medical and MHS networks
 - Reduces overall network maintenance costs
 - Enables standardization of clinical and business processes
 - Provides robust, secure and highly available service
 - Improves access to health care information within the Military medical community
 - Promotes effective, efficient health operations



“Medically Ready Force...Ready Medical Force”

Enterprise Support Activities

Simplifying IT Support for the MHS



Defense Health Agency

2016 Defense Health Information Technology Symposium

- **Consolidate and Standardize IT Infrastructure**
 - **One Forest:** Active Directory and Enterprise Management
 - **One Network:** consolidate multiple networks
 - **One E-mail:** put everyone on the same e-mail system
 - **One Datacenter:** a single datacenter hosting strategy
 - **One Web:** a single web hosting solution
 - **One Desktop:** a single desktop configuration and strategy
 - **One Help Desk:** a single help desk capability
 - **One AV/Comm:** a single AV/communications strategy



“Medically Ready Force...Ready Medical Force”

Enterprise Support Activities

Moving Forward with our Mission Partners



Defense Health Agency

2016 Defense Health Information Technology Symposium

The DHA and its key mission partners are collaborating to successfully deliver standardized IT and world class healthcare across the Military Health System through Desktop to Datacenter core capabilities



Meeting Our Goals

Deliver and deploy a standardized and centrally managed portfolio of IT Services, offering simplified and streamlined services to the entire Military Health System

Benefits and Change

Deliver a standardized and improved IT experience to the End User; increasing availability and reducing costs, resulting in an increase in overall value

Alliance

MDAG concurrence for D2D, a transfer of authority from the Services to DHA to deploy, an extensive alignment of staff, sites, and Services to support the MHS IT infrastructure

Progress

On track to deploy an environment across the Military Health System that improves the IT Infrastructure ahead of MHS GENESIS deployment

“Medically Ready Force...Ready Medical Force”

What is the Future for IMIT Leaders...

- The need for IMIT Leaders HAS NOT/WILL NOT change
 - Restructure responsibilities and adjust focus
 - IMIT
 - Change Agent
 - Project Management
 - Acquisition
- Combined/Consolidated Services
 - One Chief Information Officer for the MHS
 - Key AFMS positions (Chief Technology Officer/Deputy Chief Technology Officer)
 - Key positions within Defense Health Agency Health Information Technology Directorate
 - Continued Professional Growth and Development
 - Will remain competitive for promotion



“Medically Ready Force...Ready Medical Force”

What I Expect...

- **IT rocks!...You are the FUTURE!**
- Change Agents: Be leaders not blind sheep
- Be good steward of tax payers dollars: Adopt, Buy, Build
- Foster Trust—Total Transparency
- While at DHITS...HAVE FUN!
 - Participate in discussions
 - Network with Sister Services and DHA HIT Personnel
 - “Them vs. US” days are long gone



“Medically Ready Force...Ready Medical Force”

Meet the TEAM...

- Col Kevin Seeley (Outgoing CTO)
- Lt Col Andrew Lattimore (New CTO)
- Lt Col Todd Roman (Outgoing Deputy CTO)
- Maj Kevin Underwood (New Deputy CTO, not present)
- Ms. Pamela Smith (New Associate Corp Chief Support)



“Medically Ready Force...Ready Medical Force”



What I need to know.....

“Medically Ready Force...Ready Medical Force”

AFSG Office of the CMIO CTO Update

Defense Health Information Technology Symposium (DHITS)

2 Aug 2016

Col Kevin P. Seeley
Outgoing AF SG CTO
To Defense Health Agency



U.S. AIR FORCE

“Medically Ready Force...Ready Medical Force”

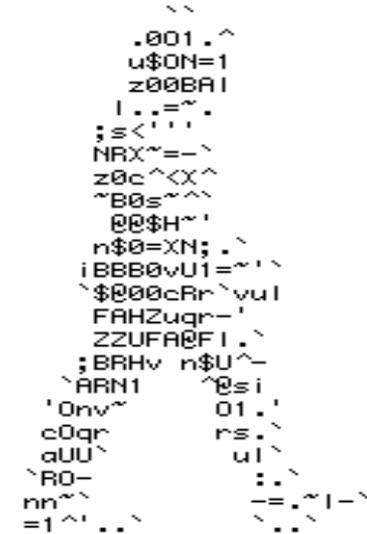
HIT Agenda



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Take-Aways Up Front
- HIT Strategic Enabler
- HIT 101 – Basic Training
- HIT 102 – AFMS Transition
- HIT 103 – Joint IT Future (DHA/MEDCOI/D2D)
- MHS Genesis
- MTF HIT Team Leadership Roles



“Medically Ready Force...Ready Medical Force”

Top 10 HIT Take-Aways

1. HIT not always the solution or the problem
2. Know local “IM” & “IT” resources are in your organization
3. Act local, but think enterprise-wide
4. Work jointly and share HIT capabilities where possible
5. DHA HIT shared service “in transition”
6. Funding/governance centralized under DHA
7. Apply lifecycle principles to HIT sustainment – Ask, Plan, Tell
8. Cyber Security/Info Assurance requirements will endure
9. MHS Genesis (a.k.a. Cerner) EHR is coming
10. IM/IT does not drive functional/clinical HIT portfolio



“Medically Ready Force...Ready Medical Force”

HIT “Strategic Enabler”



- eHealth
- Clinical Decision Support
 - Pop Health Mgmt
 - Disease Mgmt
 - Quality Reporting
 - Comparative Effectiveness
 - Clinical Trials
 - Secure Messaging / PHR
 - Mobility + Health Info Exchange
 - Business Intelligence
 - Agile Development

(Phones work, networks work, PCs work...reliably)

“Medically Ready Force...Ready Medical Force”



HIT 101 – Basic Training

“Medically Ready Force...Ready Medical Force”

“I”nformation “T”echnology Team



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Customers: Patients, Providers, Supervisors, Peers, Executives, Wing Leadership
- CIO: Leads, strategy, ops oversight, management, IT training; facilitator, risk and needs assessments, IM/IT equipment lifecycle/acquisition, strategic planner
- DHA HIT: Global Service Center, Account Manager, Issue resolution, Systems engineering, LAN/WLAN
- Systems/Helpdesk/SysAdmins: Netops, System Ops, Computer equipment, wires, controllers, switches, AV, Tier 2 touch-labor (A+ and/or Sec+ certs)
- Biomedical Equipment Techs (BMET): Tech support/repair or regulated med devices, machines, info systems (A+ and/or Sec+ certs)
- CHCS/AHLTA Admins: Maintenance, upgrading and sustainment
- Facilities Management: Telephones, Radios, Comm, Control Systems
- Functional Systems Administrators (FSAs): Level 1 Tech Support for: PACs, ASIMS, ARMD, PharmAssist, Pyxis, DMLSS
- Base Communications Squadron: Comm Focal Points – local area network help

“Medically Ready Force...Ready Medical Force”

“I”nformation “M”anagement Team



2016 Defense Health Information Technology Symposium

- Customers: Patients, Providers, Supervisors, Peers, Executives, Wing Leadership
- CIO: Leads committees, info analysis, info process design/redesign, Info assurance
- RMO: Cost, Financial and HR data/reports
- HIPAA Privacy & Security Officer(s): information flow, compliance analysis, and process design/redesign, training, and violation reporting
- GPM: Patient care trends, scheduling, capacity optimizing and clinical reporting
- CHCS/AHLTA Admin: Database maintenance and specialized report
- DMLSS Admin: Supply and Equipment Lifecycle Management
- DHMRSi/MEPRS Manager: HR and Resource Cost Allocation
- Clinical Librarian: Reference documentation, journals, materials
- Inpatient and Outpatient Clinical Records: Unstructured document data/info
- Data Analyst(s): Fuse data from multiple sources to analyze and identify specific care trends/conditions/diagnosis and finds data/info to answer a specific provider, patient, supervisor, commander, administrator question

“Medically Ready Force...Ready Medical Force”

AFMS HIT Leader Roles



2016 Defense Health Information Technology Symposium

- Know & understand what your MTF Systems team controls directly and when you must partner and communicate internally/externally to “get things done”
- Own and manage lifecycle of HIT systems/components (Not always someone else’s responsibility, i.e. PMO)
- Understand hype vs. value to patient outcomes (customers)
- Understand the functional areas providers (customers) that rely on HIT
- Treat HIT as a strategic asset to improve care delivery and outcomes
- Act locally, (AFMS, MAJCOM, eMSM, MTF) but think enterprise-wide
- Support standardization to conserve resources (standardize, standardize, standardize)
- Influence decision makers to support enterprise vs. one-off county options where possible (360 leadership)
- Assert MTF HIT in planning/meetings/executive decisions
- Proactively work HIT resourcing solutions w/ local RM
- Support HIT staff force development/training to effectively manage rapidly expanding IM/IT/IA requirements
- Encourage, foster, and leverage external relationships for HIT support
- Offer solutions when you present problems
- Discuss this brief, the vision, and MTF/eMSM HIT synchronization actions

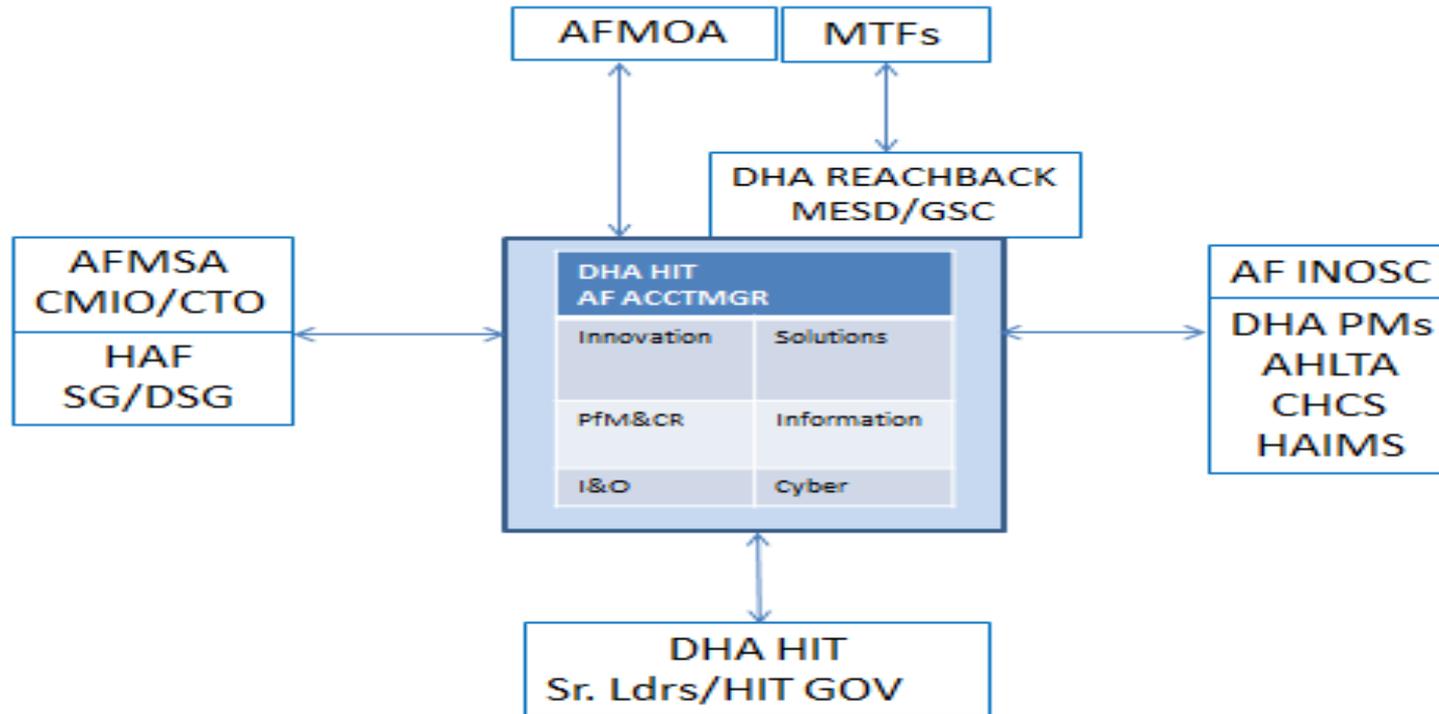
“Medically Ready Force...Ready Medical Force”

DHA to AFMS Support Model



Defense Health Agency

2016 Defense Health Information Technology Symposium



“Medically Ready Force...Ready Medical Force”



HIT 102 – AFMS Transition

“Medically Ready Force...Ready Medical Force”

Ideal AFMS HIT Future



U.S. AIR FORCE



AIR FORCE MEDICAL SERVICE STRATEGY MAP 3.0

MISSION

"Ensure medically fit forces, provide expeditionary medics, and improve the health of all we serve to meet our Nation's needs"

VISION

"Our supported population is the healthiest and highest performing segment of the U.S. by 2025"



"Medically Ready Force...Ready Medical Force"



HIT 103 – Future of HIT

“Medically Ready Force...Ready Medical Force”

Why is the MHS Implementing MEDCOI/D2D?



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Establishing seamless medical information sharing
- Prepare for implementation of MHS GENESIS (Cerner)
- 2013 National Defense Authorization Act establishing the DHA and a subsequent business case for IT integration
- Providing IT services leveraging best business practices



“Medically Ready Force...Ready Medical Force”

Health IT Standardization



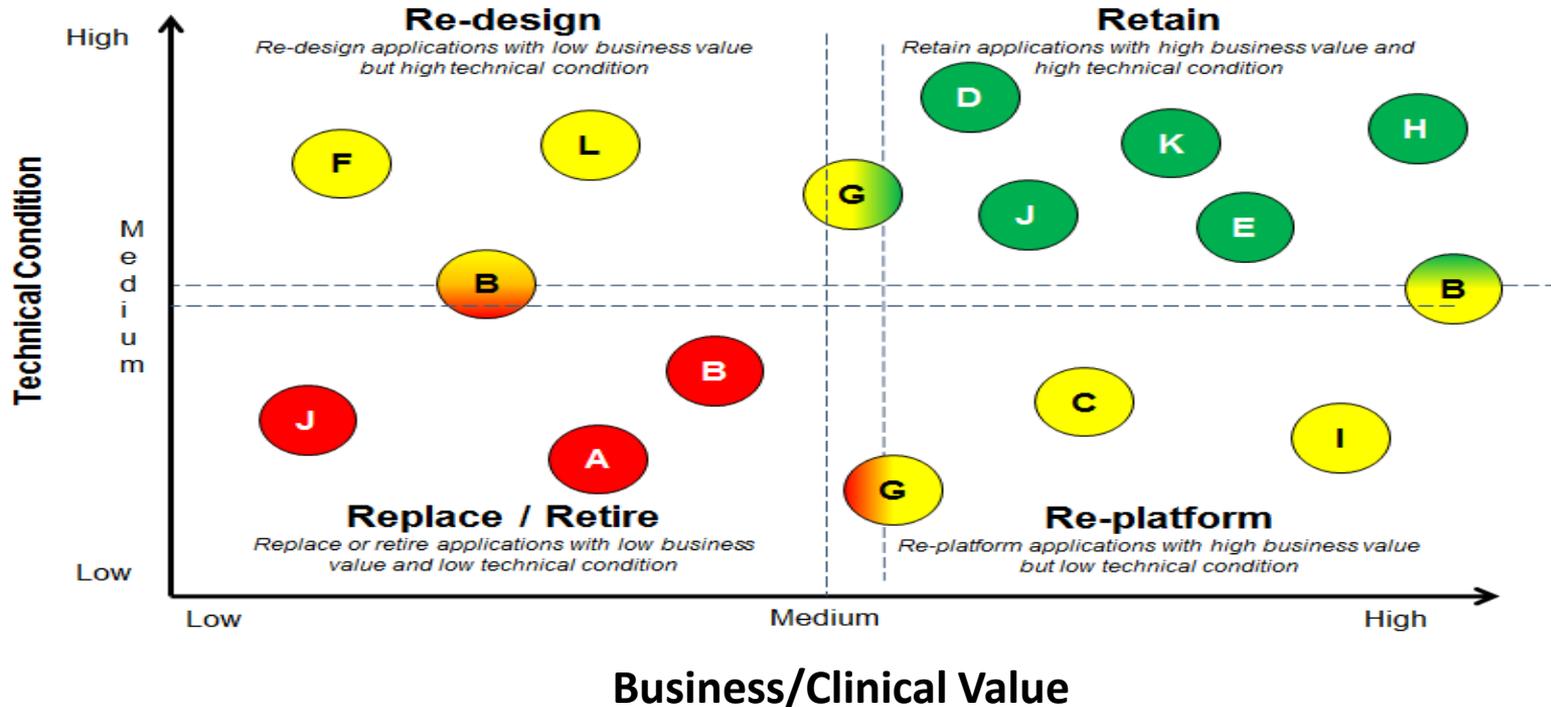
2016 Defense Health Information Technology Symposium



Size	177,445 employees, 38 hospitals, serving 10.1 million members	16,500 employees, 5 hospitals, serving 2 million patients	40,000 employees, 22 hospitals, 185 clinics serving 750,000 SelectHealth members and over 1.5 million patients
eHR Deployment	Completed 10-year roll-out of largest civilian eHR in US history, using EPIC-based system KP HealthConnect. Encompasses desktop standardization, datacenter management and network integration*	Completed two-year, multi-phase go-live of the completed EPIC eHR suite in 2012, EpicCare, across hospital network to include a standard desktop and centrally managed network	iCentra rollout began in January 2015 and continued in October. Tool integrates 350 custom products, data center management, eHR management, and revenue cycle system*
Results	<p>Credited with:</p> <ul style="list-style-type: none"> Financial savings across infrastructure network, one region saved over \$1.4m on print expenses alone 54% reduction in archival storage space translated to \$200,000 savings in one year** Awarded HIMSS Analytics Stage 7 Award in 2011+ 	<p>2014 financial statements show:</p> <ul style="list-style-type: none"> .1% decrease in operating costs in first six months of financial year A decrease in Epic-supported eHR IT staff Increase in end-user satisfaction** 	<p>By the end of 2015, rollout using Agile methodology tool was complete at 4 hospitals and over 60 clinics. Further rollouts by region are planned throughout 2016.</p>

“Medically Ready Force...Ready Medical Force”

Enables HIT Portfolio Rationalization



“Medically Ready Force...Ready Medical Force”

MEDCOI/D2D – A New Medical IT Enterprise



2016 Defense Health Information Technology Symposium

Desktop to Datacenter (D2D)

D2D is the umbrella that encompasses the below existing initiatives. The success of D2D is dependent on all aspects of its design. These solutions are already proven at a Service-wide level in our environment and are being expanded to the rest of the Enterprise.



Network Security Management Service (NSMS)

Seamless integrated Wide, Local, and Wireless Network

Health care providers and staff will be able to move from hospital to hospital and be able to authenticate to all IT services without needing new accounts.



Desktop as a Service (DaaS)

Desktop design standardization service across the application, desktop and server environments

All desktops will be standardized so providers and staff will be able to move within the medical facility and have access to their information resources.



Compute and Storage Management (CSMS)

Centrally managed, integrated, and robust computing: infrastructure

Provides a standard method to host applications and the ability for the DoD health care system to use single applications to support all care encounters.



Directory Services Enterprise Management (DSEM)

Centralized and secure access and authentication capability to network resources

Health care providers and staff will be able to move from hospital to hospital and be able to authenticate to all IT services without needing new accounts.



Global Service Center (GSC)

Consolidated MHS enterprise IT service desk

Provides a single point of contact for all customers to obtain support for all systems regardless of physical location.

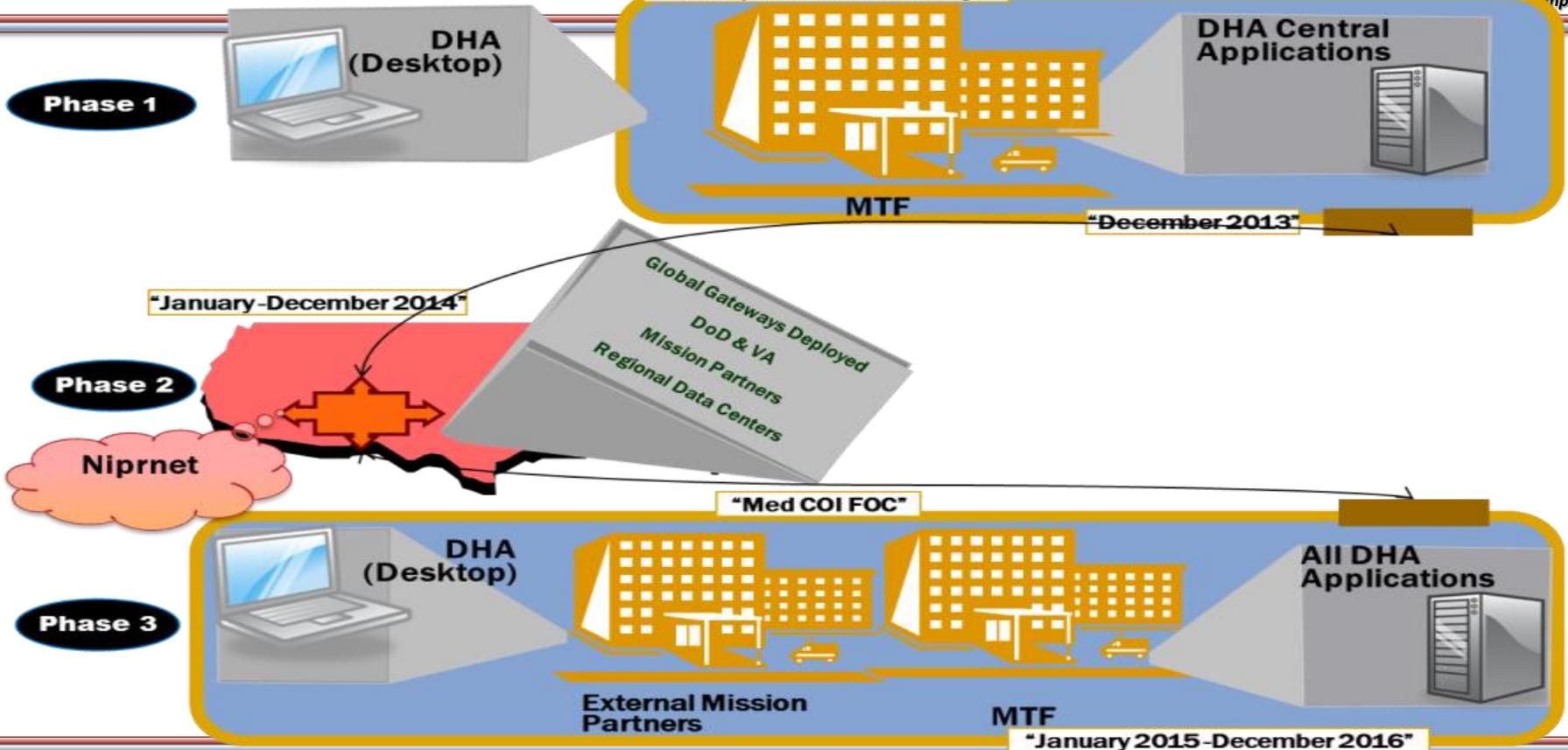
“Medically Ready Force...Ready Medical Force”

Med-COI Network & D2D Transition



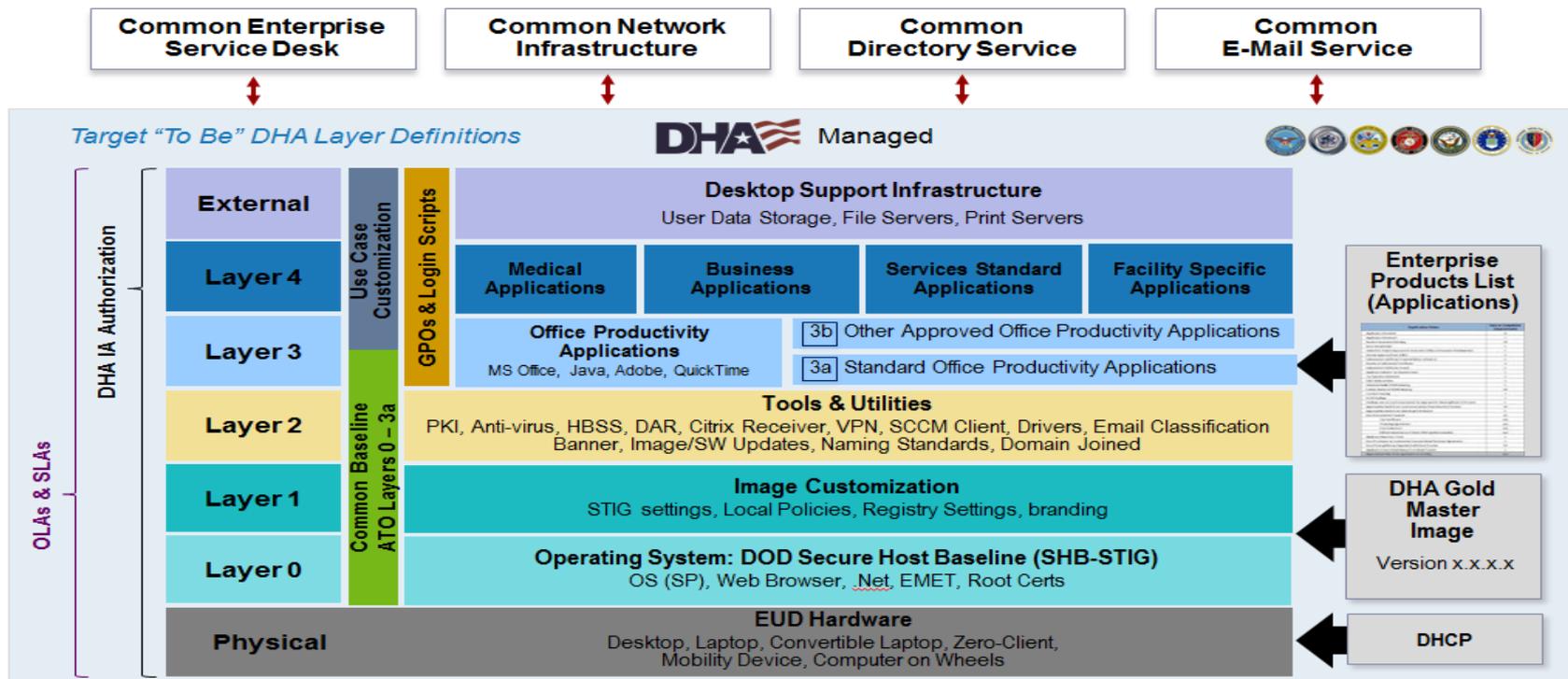
Defense Health Agency

posium



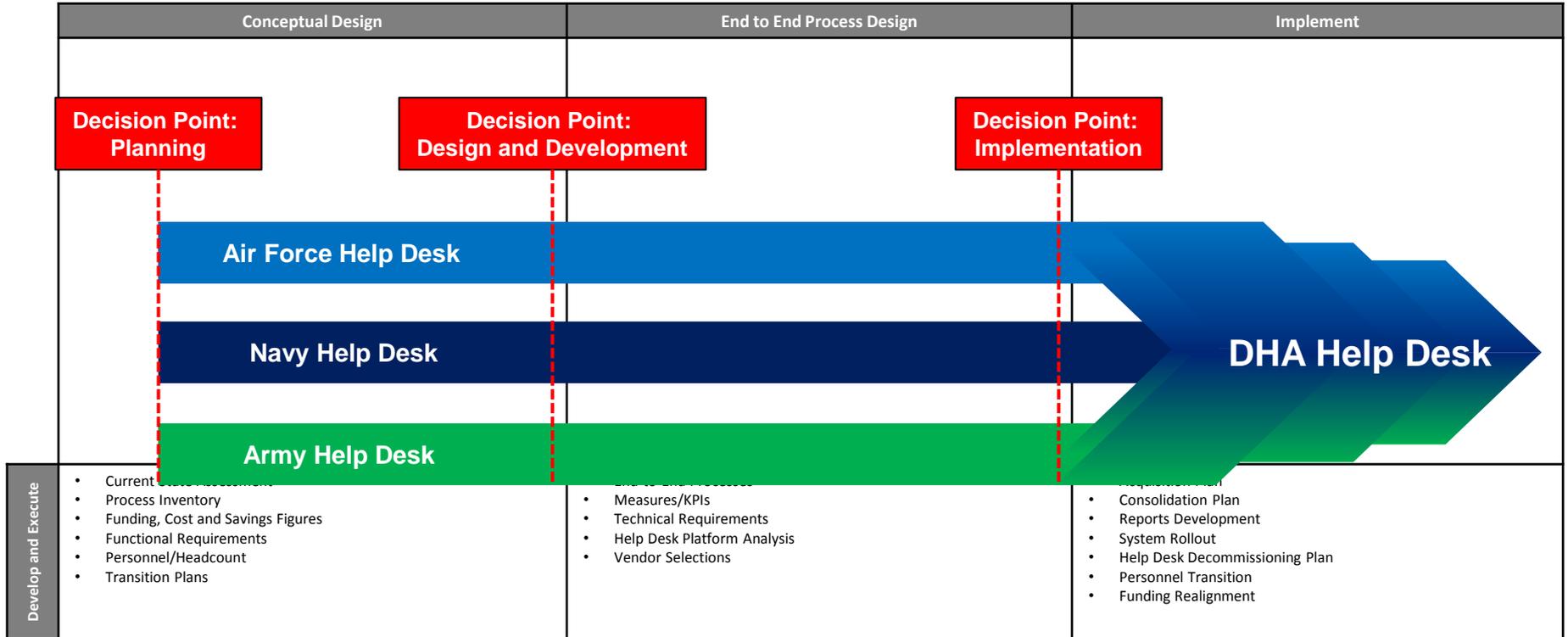
"Medically Ready Force...Ready Medical Force"

DHA Standard Desktop (DaaS)



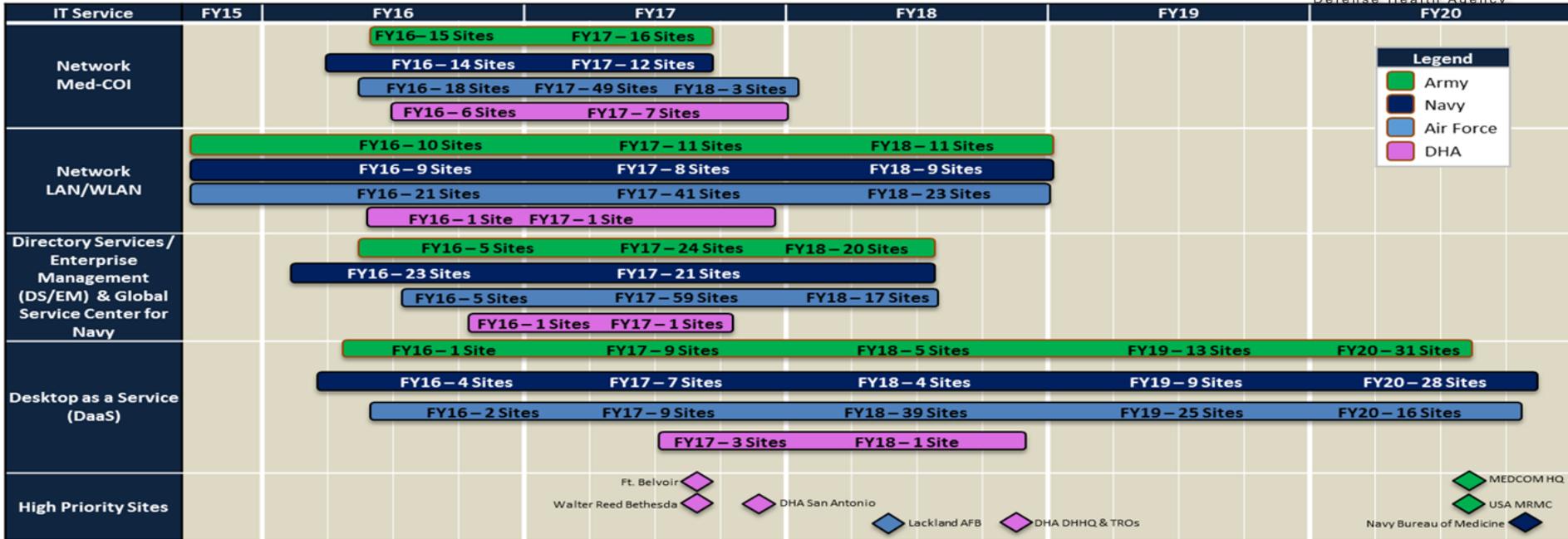
"Medically Ready Force...Ready Medical Force"

Example of Helpdesk Convergence



 = Governance Decision Point

DHA Infrastructure Deployment Schedule



D2D FOC Deployment Metrics (EHR-Ready Sites by FY)

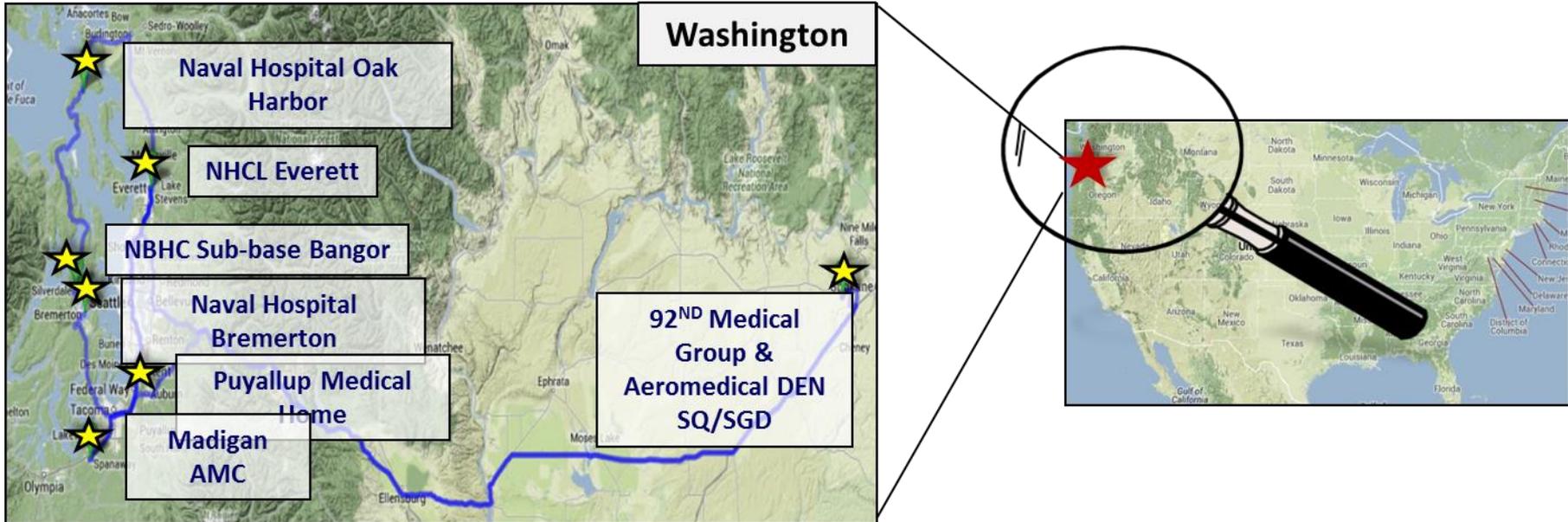
Service	Total	FY16	FY17	FY18	FY19	FY20
Army	59 Army MTFs + MSCs: 82,531 Acc 98,384 EUDs	1 Army MTF: 6,003 Accounts, 7,521 EUDs	9 Army MTFs: 13,554 Accounts, 16,720 EUDs	5 Army MTFs: 16,561 Accounts, 17,764 EUDs	13 Army MTFs: 21,659 Accounts, 26,275 EUDs	31 Army MTFs: 24,754 Accounts, 30,104 EUDs
Navy	52 Navy MTFs + MSCs: 60,574 Acc 51,755 EUDs	4 Navy MTFs: 2,378 Accounts, 2,221 EUDs	7 Navy MTFs: 16,258 Accounts, 14,006 EUDs	4 Navy MTFs: 5,156 Accounts, 4,269 EUDs	9 Navy MTFs: 20,828 Accounts, 16,657 EUDs	28 Navy MTFs: 15,954 Accounts, 14,602 EUDs
Air Force	91 Air Force MTFs: 52,393 Acc 49,480 EUDs	2 Air Force MTFs: 770 Accounts, 477 EUDs	9 Air Force MTFs: 8,097 Accounts, 7,992 EUDs	39 Air Force MTFs: 24,761 Accounts, 25,544 EUDs	25 Air Force MTFs: 12,673 Accounts, 9,232 EUDs	16 Air Force MTFs: 6,092 Accounts, 6,235 EUDs
DHA	4 DHA MTFs + HQ: 20,417 Acc 22,295 EUDs	N/A	3 DHA MTFs: 15,417 Accounts, 17,295 EUDs	1 DHA MTF: 5,000 Accounts, 5,000 EUDs	N/A	N/A
Total	206 Total MTFs: 215,915 Acc 221,914 EUDs	7 Total MTFs: 9,151 Accounts, 10,219 EUDs	28 Total MTFs: 53,326 Accounts, 56,013 EUDs	49 Total MTFs: 51,478 Accounts, 52,577 EUDs	47 Total MTFs: 55,160 Accounts, 52,164 EUDs	75 Total MTFs: 46,800 Accounts, 50,941 EUDs

MHS Genesis Initial Operational Capability Sites



Defense Health Agency

2016 Defense Health Information Technology Symposium



“Medically Ready Force...Ready Medical Force”

MHS Genesis (LPDH)

- Cerner
 - CoPath in CHCS
 - Operating Room Management Application (ORMA)
- Leidos
 - CHCS
 - CHCS and AHLTA Support
- Accenture – Integrator
- Henry Schein – Dentrrix



DHMSM: 24 months to implementation



“Medically Ready Force...Ready Medical Force”

AFSG Office of the CMIO Zero-Based Budget Review (ZBR) Update

Defense Health Information Technology Symposium (DHITS)

2 Aug 2016

Lt Col Todd M. Roman
Outgoing AF SG Deputy CTO
To Nellis AFB



U.S. AIR FORCE

“Medically Ready Force...Ready Medical Force”

Gartner: The Vital Role of Standardized Infrastructure for Healthcare Organizations



Defense Health Agency

2016 Defense Health Information Technology Symposium

Gartner®

“Gartner IT Key Metrics Data (ITKMD) demonstrate that IT staff productivity clearly increases as the variability of infrastructure in an organization decreases. As such, most healthcare organizations are standardizing their infrastructure environment to support not only cost savings but, also, IT efficiency for organizations.”

“Gartner’s analysis strongly suggests that through 2018, at least **70 percent** of large-scale enterprises can **reduce I&O “run” total cost-of-ownership by 25 percent or more.**”

“Medically Ready Force...Ready Medical Force”

As Is Staffing by IT Function



2016 Defense Health Information Technology Symposium

As-Is Staffing Level

Service	Health IT Function	CTR	CIV	MIL	Total
Army	Systems	64	232	0	297
	Telecom	41	133	29	203
	Network Security	0	0	0	0
	RTA	0	39	10	48
	Customer Support	214	330	0	544
	Local Network	77	72	0	149
	Total Service-Provided IT Staff	397	805	38	1241
	NE&S	53	0	0	53
	Total IT Staff (incl. NE&S)	450	805	38	1294

Service	Health IT Function	CTR	CIV	MIL	Total
NCR	Systems	92	12	0	104
	Telecom	7	3	0	10
	Network Security	1	1	0	2
	RTA	0	0	0	0
	Customer Support	90	13	0	103
	Local Network	31	10	0	41
	Total Service-Provided IT Staff	221	39	0	260
	NE&S	2	0	0	2
	Total IT Staff (incl. NE&S)	223	39	0	262

Service	Health IT Function	CTR	CIV	MIL	Total
Navy	Systems	31	120	6	157
	Telecom	6	30	25	61
	Network Security	1	3	0	4
	RTA	4	15	0	19
	Customer Support	96	154	54	305
	Local Network	21	53	9	83
	Total Service-Provided IT Staff	160	375	94	629
	NE&S	18	0	0	18
	Total IT Staff (incl. NE&S)	178	375	94	647

Service	Health IT Function	CTR	CIV	MIL	Total
Air Force	Systems	42	49	31	122
	Telecom	13	43	27	84
	Network Security	2	1	0	4
	RTA	7	0	6	13
	Customer Support	106	109	152	367
	Local Network	37	30	9	75
	Total Service-Provided IT Staff	207	231	225	664
	NE&S	12	0	0	12
	Total IT Staff (incl. NE&S)	219	231	225	676

“Medically Ready Force...Ready Medical Force”

IT Functions: Enterprise versus Local



D2D Service	ZBR Category	Function	To-Be		As-Is									
			Army/Navy/AF/DHA		Army		Navy		Air Force		DHA NCR		DHA Other	
			Enterprise	Local	Enterprise	Local	Enterprise	Local	(Line)	Local	Enterprise	Local	Enterprise	Local
DSEM	Compute and Storage	DSEM Server Administration	x		x		x		x		x		x	
		Group Policy Management	x		x*	x*	x*	x*	x		x*	x*	x	
		User Account Management		x		x		x		x		x	x	
		User Access Management		x		x		x		x		x	x	
		PKI Management	x		x		x		x	x		x		x
DaaS	Helpdesk	IAVA Patching	x			x		x	x			x	x	
		Image Management	x		x		x		x			x	x	
		Application Packaging	x		x	x		x	x			x	x	
		Desktop Build/Rebuild		x		x		x	x			x	x	
		Touch Maintenance		x		x		x		x		x	x	
		Application Distribution	x			x		x	x			x	x	
		Client Health Management		x		x		x	x			x	x	
NSMS	Networks and Security	LAN Management and Monitoring	x		x**	x**	x**	x**	x**	x**	x**	x**	x	
		WLAN Management and Monitoring	x		x			x						
		WAN Management and Monitoring	x		x		x		x		x		x	
		Local Firewall Management and Monitoring	x		x	x***		x	x			x	x	
		Touch Maintenance		x	x**	x**	x**	x**	x**	x**	x**	x**	x**	x
GSC	Helpdesk	Tier1 Helpdesk Desktop	x		x		x		x	x	x	x****	x	
		Tier2 Application Support	x		x		x		x		x		x	
CSMS	Compute and Storage	DHCP Administration	x			x		x	x			x	x	
		User Data Management	x			x		x		x		x	x	
		Print Server Management	x			x		x		x		x	x	
		Application Virtualization	x		x		x		x		x		x	
CND	Networks and Security	Network Monitoring	x		x		x		x		x		x	
		Incident Response	x			x		x	x		x		x	
			19	6	14	16	8	20	19	7	11	17	24	0

*Group Policy Management is currently split between the Enterprise and Local staff. Local staff manage group policy exceptions for local application requirements.

**DHA furnished local network support personnel to many smaller sites in Army and Navy; Air Force Medical has some local network personnel, but the bulk of network support comes from the local comm squadron

***Local Firewall management in the Army co-managed in many cases with local and enterprise resources

****DHA NCR FBCH utilizes Enterprise Help Desk, WRNMMC uses local Helpdesk

Desktop to Datacenter (D2D) Infrastructure Value Proposition

Desktop to Datacenter (D2D)

D2D is the umbrella that encompasses the below existing initiatives. The success of D2D is dependent on all aspects of its design. These solutions are already proven at a Service-wide level in our environment and are being expanded to the rest of the Enterprise.



Network Security Management Service (NSMS)

Seamless integrated Wide, Local, and Wireless Network

Systems and applications will be accessible across the entire DoD health care environment allowing complete access to all patient information regardless of health care location.



Desktop as a Service (DaaS)

Desktop design standardization service across the application, desktop and server environments

All desktops will be standardized so providers and staff will be able to move within the medical facility and have access to their information resources.



Compute and Storage Management (CSMS)

Centrally managed, integrated, and robust computing: infrastructure

Provides a standard method to host applications and the ability for the DoD health care system to use single applications to support all care encounters.



Directory Services Enterprise Management (DSEM)

Centralized and secure access and authentication capability to network resources

Health care providers and staff will be able to move from hospital to hospital and be able to authenticate to all IT services without needing new accounts.



Global Service Center (GSC)

Consolidated MHS enterprise IT service desk

Provides a single point of contact for all customers to obtain support for all systems regardless of physical location.

“Medically Ready Force...Ready Medical Force”

Measures of Success



IT Value is an expression of Availability and Responsiveness over Cost

IT Value	Availability	Responsiveness
<u>% Service Improvement</u>	<u>% Decrease in Monthly Downtime</u>	<u>% Decrease in End User Resolution Time</u>
% Baseline Spending	% of Baseline IT Budget	% Baseline End User Computing Costs

D2D will improve IT response to the End User by 70%, while reducing End User IT costs by 22%, resulting in a 90% increase in value.

Metric	Description	Industry Benchmark	Average Baseline	Service Baseline		Threshold	Objective
Operational Availability	The overall availability of IT services to the end user irrespective of the source of downtime	99.99%	98.4%	A	98.3%	99.0%	99.5%
				N	98.6%		
				AF	98.0%		
Customer Support	First Contact Resolution: % of tickets resolved on the first call to the help desk	65%	78% (1 Hour)	A	78%	65%	80%
				N	Unmeasurable		
				AF	63%		
	Average Resolution Time of Incidents and Service Requests (Non-GSC): How long it takes to get a ticket resolved when Help Desk cannot resolve on first contact	NA	90% 10 Days or Less	A	10 days	90% 7 Days or Less	90% 3Days or Less
				N	Unmeasurable		
				AF	10 days		
Cost Savings	Cost Per Agent Handled Contact	\$19.07	\$16.89	A	\$16.89	\$19.07	\$16.644747
				N	Unmeasurable		
				AF	\$22.04		
	Annual End-User Computing Cost per EUD	\$1,015	\$1,218	A	\$1,251	\$1,015	\$947
				N	\$1,283		
				AF	\$1,599		

DaaS/CSMS Deployment Schedule (by Site)



D2D FOC Deployment Schedule (eHR-Ready Sites by FY)

Service	FY16	FY17	FY18	FY19	FY20
 Army	1 Army MTF	9 Army MTFs	5 Army MTFs	13 Army MTFs	31 Army MTFs
	Madigan	Ft. Bliss • Ft. Carson • Ft. Huachuca • Ft. Irwin • Ft. Leonard Wood • Ft. McAlester • Ft. Riley • Ft. Wainwright • USAMITC	Ft. Hood • Ft. Jackson • Ft. Polk • Ft. Sam Houston • Ft. Sill	Ft. Benning • Ft. Bragg • Ft. Campbell • Ft. Drum • Ft. Eustis • Ft. Gordon • Ft. Knox • Ft. Lee • Ft. Meade • Ft. Rucker • Ft. Stewart • Redstone Arsenal • West Point	121GH Korea • 6MLMC • ACS • AFMES • AISR • Bavaria • Camp Zama • DENCOM • ERMH HQ • Landstuhl Army Medical Center • MEDCOM HQ • MMCE • MRMCC • NMHM • NRMCC HQ • OTSG • PHC • PHCR-EUR • SRMC HQ • TAOE • Tripler Army Medical Center • USAARL • USAMMA • USAMMDA • USAMRAA • USAMRICD • USAMRIID • USARIEM • WRAIR • WRMC HQ • WTBE
 Navy	4 Navy MTFs	7 Navy MTFs	4 Navy MTFs	9 Navy MTFs	28 Navy MTFs
	Branch Health Clinic Everett • NH Bangor • NH Bremerton • NH Oak Harbor	National Naval Medical Center • NAVMISSA • NH Camp Pendleton • NH LeMoore • NH Twentynine Palms • NMC San Diego • SPAWAR Systems Center Atlantic;	NH Beaufort • NH Jacksonville • NH Camp Lejeune • NH Pensacola	NBHC Groton • NHC Annapolis • NHC Cherry Point • NHC New England • NHC Patuxent River • NHC Quantico • NMC Portsmouth • NHC Corpus Christi • NH Charleston	2nd D BN 460 • 3rd Dental BN • BUMED Det Jax • Naval Health Research Center • Naval Medical Research Center • Naval Undersea Medical Institute • NavMed R Unit-3 • NAVMED Research Center Detachment • Navy Bureau of Medicine • Navy Drug Screening Lab – Great Lakes / Jacksonville / San Diego • Navy Expeditionary Medical Support Command • Navy Medicine Professional Development Center • Navy Medicine West • NBHC Yorktown Ophthalmic Spt & Training Activity • NH Great Lakes • NH Guam • NH Guantanamo Bay • NH Naples • NH Okinawa • NH Rota • NH Sigonella • NH Yokosuka • NHC Hawaii, • Sea Cadet Training Ship • Surface Warfare Medical Institute
 Air Force	2 Air Force MTFs	9 Air Force MTFs	39 Air Force MTFs	25 Air Force MTFs	16 Air Force MTFs
	Fairchild • McChord	Beale • Edwards • Eielson • Elmendorf • Los Angeles • Mountain Home • Nellis • Travis • Vandenberg	Lackland • Altus • Barksdale • Cannon • Charleston • Columbus • Davis Monthan • Dyess • Eglin • Ellsworth • FE Warren • Goodfellow • Grand Forks • Hill • Holloman • Hurlburt • Keesler • Kirtland • Laughlin • Little Rock • Luke • MacDill • Malmstrom • Maxwell • McConnell • Minot • Moody • Offutt • Patrick • Peterson • Randolph • Robins • Shaw • Sheppard • Tinker • Tyndall • USAF Academy • Vance • Whiteman	Andersen • Andrews • Bolling • Buckley • Carswell • Dobbins • Dover • Fort Detrick • Grissom • Hanscom • Homestead • HQ AFRC • Langley • March • McGuire • Minneapolis • Niagara Falls • Pentagon • Pittsburgh • Pope • Scott • Seymour Johnson • Westover • Wright Patterson • Youngstown	Alconbury • Aviano • Geilenkirchen • Hickam • Incirlik • Kadena • Kunsan • Lajes • Menwith Hill • Misawa • Osan • RAF Croughton • RAF Lakenheath • Ramstein • Spangdahlem • Yokota
 DHA	N/A	3 DHA MTFs	1 DHA MTF	N/A	N/A
		Ft. Belvoir • Pentagon • Walter Reed Bethesda	DHHQ		

“Medically Ready Force...Ready Medical Force”

DHA HIT Account Manager Your “Voice” In The DHA HIT

Defense Health Information Technology Symposium (DHITS)

2 Aug 2016

Mr Bruce Tuckerman
AFMS Account Manager



U.S. AIR FORCE

“Medically Ready Force...Ready Medical Force”

What we do



2016 Defense Health Information Technology Symposium

- Major responsibilities include (but are not limited to):
 - Liaison for/with Services
 - Follow up on unanswered questions
 - Facilitate identification of the best DHA POC to help you
 - Provide assistance with navigating the DHA HIT processes
 - Disseminate information regarding HIT organizational structure, information resources, operations, strategic initiatives and internal processes
 - Represent HIT in Service meetings when IT presence is requested

“Medically Ready Force...Ready Medical Force”

More of what we do



2016 Defense Health Information Technology Symposium

- We are your “Voice of the Customer” to monitor, report, and assist with unresolved matters brought forth from YOU
- Contact appropriate POCs for DHA HIT inquiries to the Services
- Assist YOU with your submission of requests for IT capabilities or services
- Liaison with Resource Management for “new” capability requirements to guide YOU through the DHA HIT processes

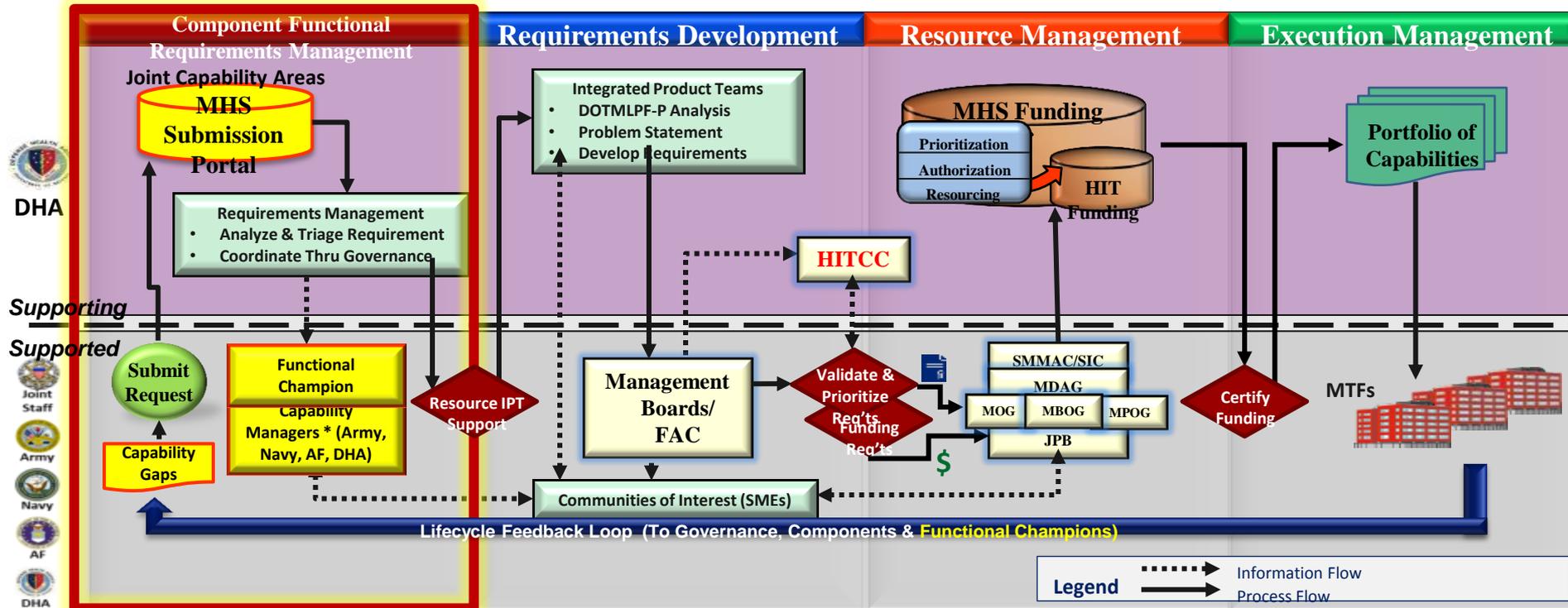
“Medically Ready Force...Ready Medical Force”

MHS Requirements Management Framework and Governance Process

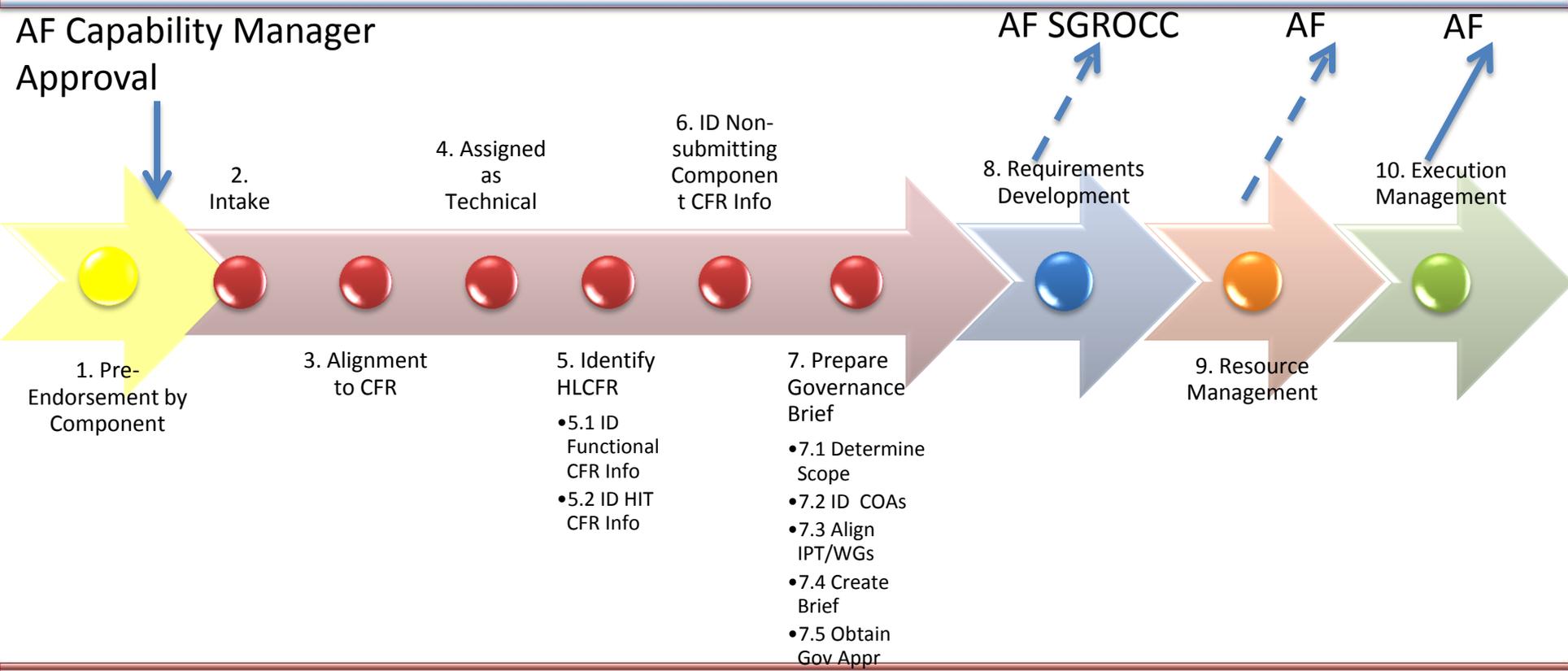


Defense Health Agency

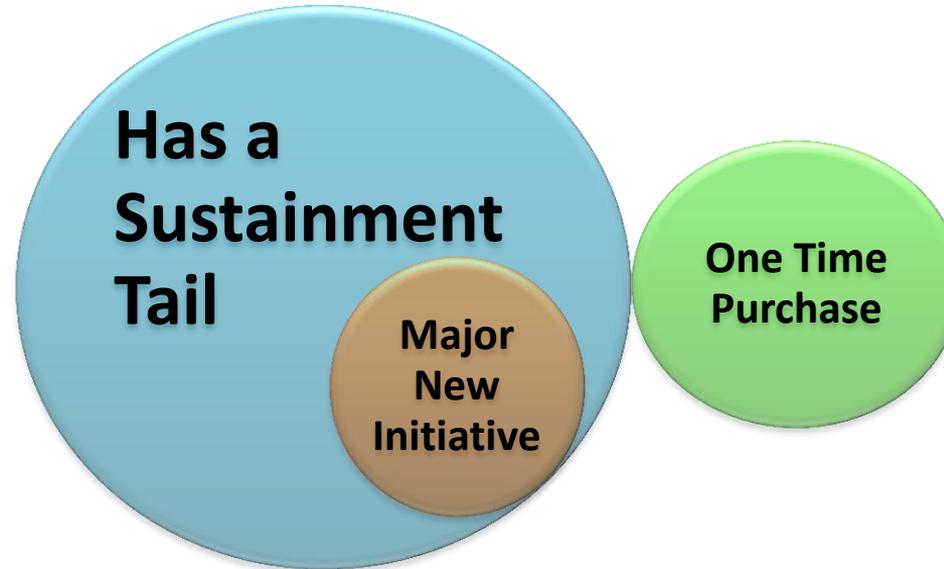
2016 Defense Health Information Technology Symposium



DHA Requirement Status Descriptions



“Medically Ready Force...Ready Medical Force”



“Medically Ready Force...Ready Medical Force”

IM vs Shared Service?



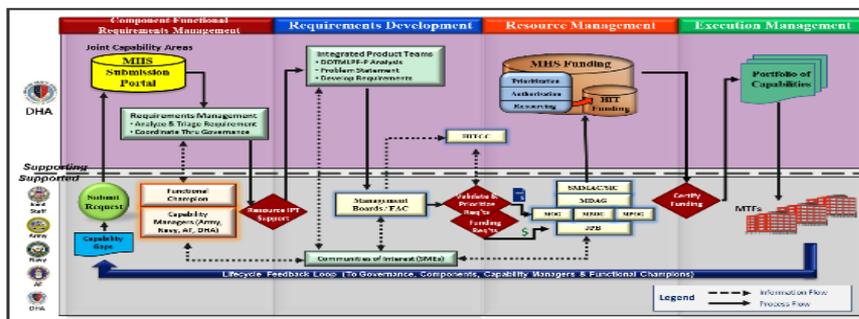
2016 Defense Health Information Technology Symposium

- Basic criteria for determining which direction to go:
 - IM process (DHA-Health Care Operations Directorate)
 - Over \$200K (including tails, warranty's etc)
 - New capability
 - Shared Service (DHA-HIT)
 - In the HIT Service Catalog
 - Under \$200K
 - If you have questions, contact the CTO or your Account Manager

“Medically Ready Force...Ready Medical Force”

Describe the Shared Services Portal

Welcome to the MHS Submission Portal



This Portal is your gateway to submit, track, and provide additional documentation for investment requirements.

In addition we have provided you with the resources, such as templates and reference documents, to better define your capability needs

We are always open to comments regarding this site. If you have an idea for improvement, or if you have any questions on the governance process please contact the Requirements Management team at:

[Requirement Management](#)

HIT Catalog of Services



Request a HIT Service / Review my Service Request(s)

Requirements Management Submission



Submit new Functional Requirement or Capability Gap

Req Mgmt Process Templates and Tools



Access to Requirements, CONOPS, BCA, etc. Templates and Tools for the Requirements Management Process

Investment Submission Documentation



Access to MHS Submission Libraries to Post Additional Supporting Documentation

My Submissions/My Tasks



View the list of your MHS Submissions or Tasks Requiring Your Attention

Reports and Metrics



Access to MHS Submission Queue and Metrics Pre-canned Reports

<https://info.health.mil/hit/portfolio/invest/gov/isp/SitePages/Home.aspx>

“Medically Ready Force...Ready Medical Force”

HIT Catalog of Services Homepage



2016 Defense Health Information Technology Symposium

BROWSE PAGE

SHARE



Health IT (HIT) Request Portal
HIT APPS > Health IT (HIT) Request Portal

Search this site

- MENU
- DHA
- Business Support
- Education & Training
- Healthcare Ops
- Health IT
- NCR Medical
- R&D/Acquisition
- MHS
- Services
- Help

HIT Request Portal Actions



[View / Request a HIT Service](#)



[View My Service Requests](#)



[Reports & Metrics Under Construction](#)



[HIT Catalog of Services](#)



[View / Closeout Legacy Requests](#)



[MHS Submission Portal Homepage](#)

Welcome to the New Health IT Request Portal.

To submit a new request select [View/Request a HIT Service](#).

To view a request submitted prior to 20 June 2016 select **LEGACY** in the navigation menu or [Click Here](#).

6 Step Process

Our new approach follows a transparent 6 Step process with established timelines available for everyone to see.



* Actual timelines may differ depending upon the service requested.

Our Purpose

The purpose of the Health IT Request Portal is to provide the "users" of commodity IT services WITH a single place to request those services. Stakeholders will have transparency of the service request as it moves through the service lifecycle. Customers will receive e-mail notifications through the six stages of the service lifecycle and will also have the ability to check the status at any time by logging into the portal and selecting [View My Service Requests](#).



"Medically Ready Force...Ready Medical Force"

How to use the portal?



2016 Defense Health Information Technology Symposium



Health IT (HIT) Request Portal
HIT APPS > Health IT (HIT) Request Portal

Search this site

MENU DHA Business Support Education & Training Healthcare Ops Health IT NCR Medical R&D/Acquisition MHS Services Help

- DHA Links
- DHA Publications
- Human Resources
- Training
- Site Nav
- HIT Request Portal Home
- View / Request a HIT Service**
- View My Service Requests
- Reports and Metrics
- HIT Catalog of Services (pdf)
- MHS Submission Portal
- Site POC
- Submit Web Request

View/Request a HIT Service

Select a service for more information. - [Can't find the service you're looking for? Click Here](#)

Cyber Security Operations

Assessment and Authorization

Cyber Security Ops

Policy

Information Delivery

Business Intelligence and Analytics

Clinical Decision Support

Data Acquisition Management

Data Architecture Management

Data Governance Support

Data Operations Support

Enterprise Content Management

Health Surveys

HIE Business Operations

Infrastructure & Operations

Circuit Management

Computer Network Defense (CND)

Deployment

Directory Services (DS)/Enterprise Management (EM)

Engineering

Enterprise Software Management (ESM)

Gateway

Global Service Center

Training and Workflow Management

Business Process Management/Business Process Re-Engineering (BPM/BPR)

Clinical Content and Template Management

Clinical Technology Consulting

Clinical/Functional Testing Expertise

Clinical/IT/Business Integration

End User Training

Product and Curriculum Lifecycle Training

Workflow Integration

https://info.health.mil/hit/portfolio/invest/gov/isp/SitePages/Home.aspx

“Medically Ready Force...Ready Medical Force”

What is required to submit?

Migration

Description:

Migration Services provide design and engineering support for the migration of Computing and Communications Infrastructure (C&CI) components to new physical facilities or the virtual migration of application to new enclaves.

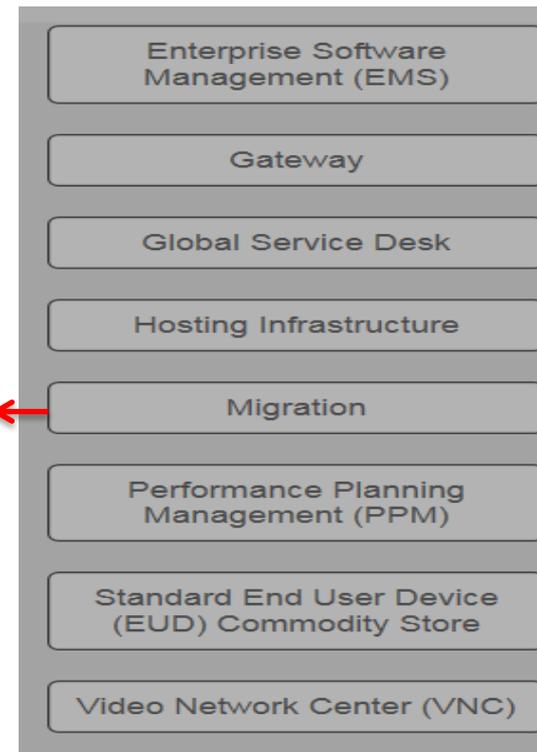
Service may include:

- Engineering and program management support for physical moves to new spaces, including assistance with computing room design and coordination of C&CI components moves
- Facilitate communications of lessons learned across multiple physical moves - often times the I&O staff are the only participants who have experience with computing room moves
- Engineering consulting support for application virtual moves to new enclaves
- Support for ports, protocols and services management (PPSM) changes

Time line:

- Step 1 (Initial Review of Request): 1-2 days
- Step 2 (Customer Requirements Deep Dive): 5-14 days
- Step 3 (Technical Review/Analysis): 1-10 days
- Step 4 (Assign to Appropriate Personnel): 1-2 days
- Step 5 (Execute Request): TBD; based on scope and complexity; HIT to progressively elaborate
- Step 6 (Document Completed Request): 1-2 days

[ORDER SERVICE ►](#)



- Enterprise Software Management (EMS)
- Gateway
- Global Service Desk
- Hosting Infrastructure
- Migration**
- Performance Planning Management (PPM)
- Standard End User Device (EUD) Commodity Store
- Video Network Center (VNC)

What is required to submit? continued



Defense Health Agency

2016 Defense Health Information Technology Symposium



Defense Health Agency
Defense Health Agency

Search...



Navigation Loading

New Enterprise Service Request: -

* Denotes Required Field

* Service Request ID:

* Agency:

Navy

Service, Agency or Department

* POC:

Henderson, Edward L. GS

POC Name (Last, First MI)

* Email:

Edward.Henderson@med.navy.mil

POC email

* Phone:

210-808-0696

POC Phone

Location:

BoA

Physical Location

System:

* Requirement:

Analyze data collected during 110 Value Delivery System (VDS) workshops. Each VDS contains 9 data categories, each category contains between 7 to 14 data elements.

“Medically Ready Force...Ready Medical Force”

AF Senior Enlisted Advisor Update IA Workforce Improvement Program Update

Defense Health Information Technology Symposium (DHITS)

2 Aug 2016

SMSgt Christopher Gent
Senior Enlisted Advisor,
DHA/HIT



U.S. AIR FORCE

“Medically Ready Force...Ready Medical Force”

Agenda



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Current State & Programmatic Changes
- Guidance Updates
- SEIs
- Training Requirements & Methodologies
- Certification Exam
- Continuing Education Units (CEU) Program

“Medically Ready Force...Ready Medical Force”

Information Services (5570) – BLUF

Scope of Information Services

- 75 Locations
- ~ 13% of the Total AD assigned 4A0X1s
- <1% assigned to FAC are 3D0X1s
- 1/48 Manpower Ratio (UMD Authorized)

FY17 Personnel Costs

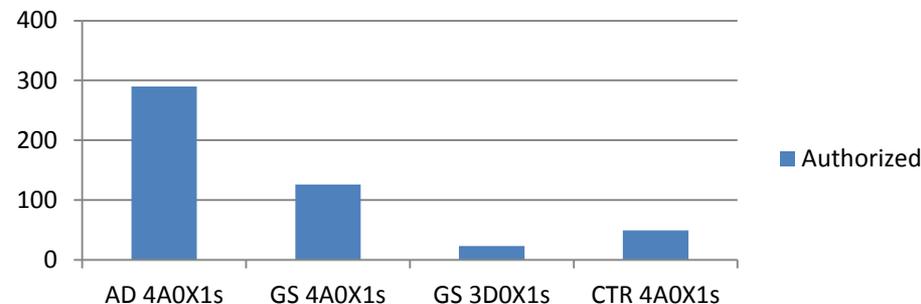
Active Duty Enl	Auth	FY17 POM Amount
4A0X1	290	\$ 21,462,030
AD Total	290	\$ 21,462,030
Civilian	Auth	FY17 POM Amount
4A0X1	126	\$ 6,439,356
3D0X1	23	\$ 1,506,960
Civ Total	149	\$ 7,946,316
Contractor	Auth	FY17 POM Amount
Airmen	49	\$ 3,699,500
Ctr Total	49	\$ 3,699,500
Grand Total	488	\$ 33,107,846

Anticipated Programmatic Changes/Initiatives

- CCAF Credit for 8570 Certifications

AFMS Auth (Enl AFSCs)

Authorized



AFMS Strategy Linkage

Readiness

A1, A3, E1, E3, E4, E5,

Better Care

E6, E7, R2, R3

Better Health

TMIP-AF, TMIP-AE, DHMSM, MISM, Deployment Operations, IT Refresh/LCM, DHA HIT, MESD, Informatics, External Liaison Pgms, Reachback Services to enhance Health Care Operations world-wide.

“Medically Ready Force...Ready Medical Force”

- DoD Directive 8570.1 provides the basis for an enterprise-wide solution to train, certify, and manage the DoD Information Assurance (IA) workforce.
 - Will be replaced by DoD Manual 8140, Cyberspace Workforce Management 12-18 months.
- AFMAN 33-285 identifies AF requirements, roles and responsibilities in implementing DoD 8570.01
 - Directs positions to be identified in appropriate manpower/personnel databases
 - Provides Certification Determination Guide
 - Updated version expected to be published Fall 2016
 - Eliminates confusion WRT IAT II Req for AFIN Admin rights
 - Interim email guidance mid-Aug 2016

Special Experience Identifier (SEI)

- SEI 260/C61 IAT Level 1 (Most Medical IA personnel)
 - Computing Environment Support (example: Client Support Administrator/Functional Systems Administrator)
 - Minimum Certification A+
- SEI 264/C62 IAT Level 2 or SEI 266/COI IAM Level 1
 - Network Environment or Advanced Level CE Support (example: Boundary Protection, Router/Switch Admin)
 - Minimum Certification Security +

Training Requirements & Methodologies



Defense Health Agency

2016 Defense Health Information Technology Symposium

- AF E-Learning CBTs
- Local Contracted Training
- Army Information & Communication Technologies Defense Div
 - Regional classes that includes exam
 - Free, first come/first serve
 - <https://ia.signal.army.mil/default.asp>
- Certification must be obtained within 6 months of assignment
 - Unsupervised privileged access not granted until certification obtained

“Medically Ready Force...Ready Medical Force”

Certification Exam



2016 Defense Health Information Technology Symposium

- Recommendation: DoD Measure Up
 - <http://dod.measureup.com/utilities/reports/dodregister.aspx>
- Request voucher from AFNIC
 - <https://private.afnic.af.mil/CertifiedWorkForce/index.cfm?content=8570updates>
 - **MAJCOM = AFMOA**
- AFNIC validates position
- Member receives Exam Voucher
 - Expires in 60 days
- Schedules Test with local IT Testing Center

“Medically Ready Force...Ready Medical Force”

Post Certification Exam



2016 Defense Health Information Technology Symposium

- Release certificates to DMDC
 - <https://www.dmdc.osd.mil/appj/dwc/index.jsp>
- Update personnel records with AF 2096
 - Unit Training Manager
- Begin Continuing Education
 - IA Workforce members must maintain certification currency.
 - DoD certification requirements – ever 3 years
 - CEUs differ based on certification
 - Work Experience Letter
 - Annual Maintenance Fee Tokens

“Medically Ready Force...Ready Medical Force”

Summary



2016 Defense Health Information Technology Symposium

- Current State & Programmatic Changes
- Guidance Updates
- SEIs
- Training Requirements & Methodologies
- Certification Exam
- Continuing Education Units (CEU) Program

“Medically Ready Force...Ready Medical Force”

HSA/MISMO Course

Core Competencies for the 21st Century MSC



140 Defense Health Information Technology Symposium

Medical Information

Services

Management Orientation

(MISMO) Course



U.S. AIR FORCE

Amanda M. Weber, Maj, USAF, MSC, CPHIMS
Medical Information Services Instructor

"Medically Ready Force...Ready Medical Force"

- MIS Flight roles/responsibilities
 - Training/certification requirements
 - GSC Dashboard
 - ITE acquisition/refresh/inventory
 - Medical systems/servers
 - MIS Plan
 - Needs Assessment
 - Information Management Committee/Function
 - HIPAA Security
 - Information Services Disaster Response Team (ISDRT)
 - Contingency plans
 - Data back-ups/Application & Criticality Matrix
 - Risk assessments
 - Self inspections



U.S. AIR FORCE

MISMO Points of Contact

- MISMO Class Field Trips
 - DHA Global Service Center
 - DHA HIT/Infrastructure & Ops
 - WHASC and RAFB MIS Flights
 - SAAMC IMD
 - JBSA Comm Squadron
- Guest Speakers
 - MAJ Cordero, CHCIO Army 70D)
 - DHA HIT components: CDS, EUD Office, Reachback Team



U.S. AIR FORCE

“Medically Ready Force...Ready Medical Force”

Course Structure



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Group paced (max: 10 students)
- Officer & Enlisted/Joint
- One test (with references)
- Submit to CPHIMS for CEUs



U.S. AIR FORCE

“Medically Ready Force...Ready Medical Force”

Course Dates

- FY 17 Schedule:
 - 7 – 18 Nov
 - 12 – 28 Apr
 - 19 – 30 Jun
 - 10 – 21 Jul
 - 11 – 22 Sep



Summary



2016 Defense Health Information Technology Symposium

- What does the Associate Corps Chief, IMIT do for you?
- CTO - MEDCOI/D2D/MHS Genesis
- “Your Voice” in the DHA
- MIS Flight Roles & Responsibilities
- Certification Requirements

“Medically Ready Force...Ready Medical Force”

Key DHA & AFMS HIT POCs

(* Start with your local CIO/Systems Team)



Defense Health Agency

2016 Defense Health Information Technology Symposium

DHA AF HIT SHARED SERVICES:

GLOBAL SERVICE DESK

<https://mesd.us.af.mil/MESD/WebForm/Default.aspx>

DSN (510) 435-7337 OPT #4

DHA HIT REACHBACK INBOX

afmoa.sgai@us.af.mil

<https://kx2.afms.mil/Pages/default.aspx>

(210) 395-1428

PRIMARY ACCT MGR

Mr. Bruce Tuckerman, CIV (US)

bruce.a.tuckerman.civ@mail.mil

703-681-5804 DSN- 761

571-451-9034 CELL

Air Force Contacts:

CMIO

Col Ray Jeter, USAF

[usaf.pentagon.afmsa.list.af-](mailto:usaf.pentagon.afmsa.list.af-cmio@mail.mil)

cmio@mail.mil

703-681-7953 DSN – 761

CTO

Lt Col Andrew Lattimore, USAF

andrew.c.lattimore.mil@mail.mil

703-681-7909 DSN – 761

Deputy CTO

Maj Kevin Underwood, USAF

kevin.d.underwood.mil@mail.mil

703-681-7865 DSN – 761

TSWAG

tswag@us.af.mil

Instructor, HSA/Medical Information Services

Maj Amanda Weber, USAF

amanda.weber@us.af.mil

210-808-5389 DSN – 420

Superintendent, Information Services Division

SMSgt Christopher Gent

christopher.j.gent2.mil@mail.mil

703-681-7971 DSN – 761

IMIT Consultant

Pamela Smith, Contractor

pamela.b.smith19.ctr@mail.mil

703-681-1665 DSN – 721

“Medically Ready Force...Ready Medical Force”

Q&A - Evaluations



Defense Health Agency

2016 Defense Health Information Technology Symposium

- Please complete your evaluations

“Medically Ready Force...Ready Medical Force”

BACK UP SLIDES

EHR Modernization Guiding Principles

-  **Standardization of clinical and business processes across the Services and the MHS**
-  Design a patient-centric system focusing on quality, safety, and patient outcomes that meet readiness objectives
-  Flexible and open, single enterprise solution that addresses both garrison and operational healthcare Clinical
-  Business process reengineering, adoption, and implementation over technology
-  Configure not customize
-  **Decisions shall be based on doing what is best for the MHS as a whole – not a single individual area**
-  **Decision-making and design will be driven by frontline care delivery professionals**
-  Drive toward rapid decision making to keep the program on time and on budget
-  Provide timely and complete communication, training, and tools to ensure a successful deployment Build
-  Collaborative partnerships outside the MHS to advance national interoperability
-  Enable full patient engagement in their health

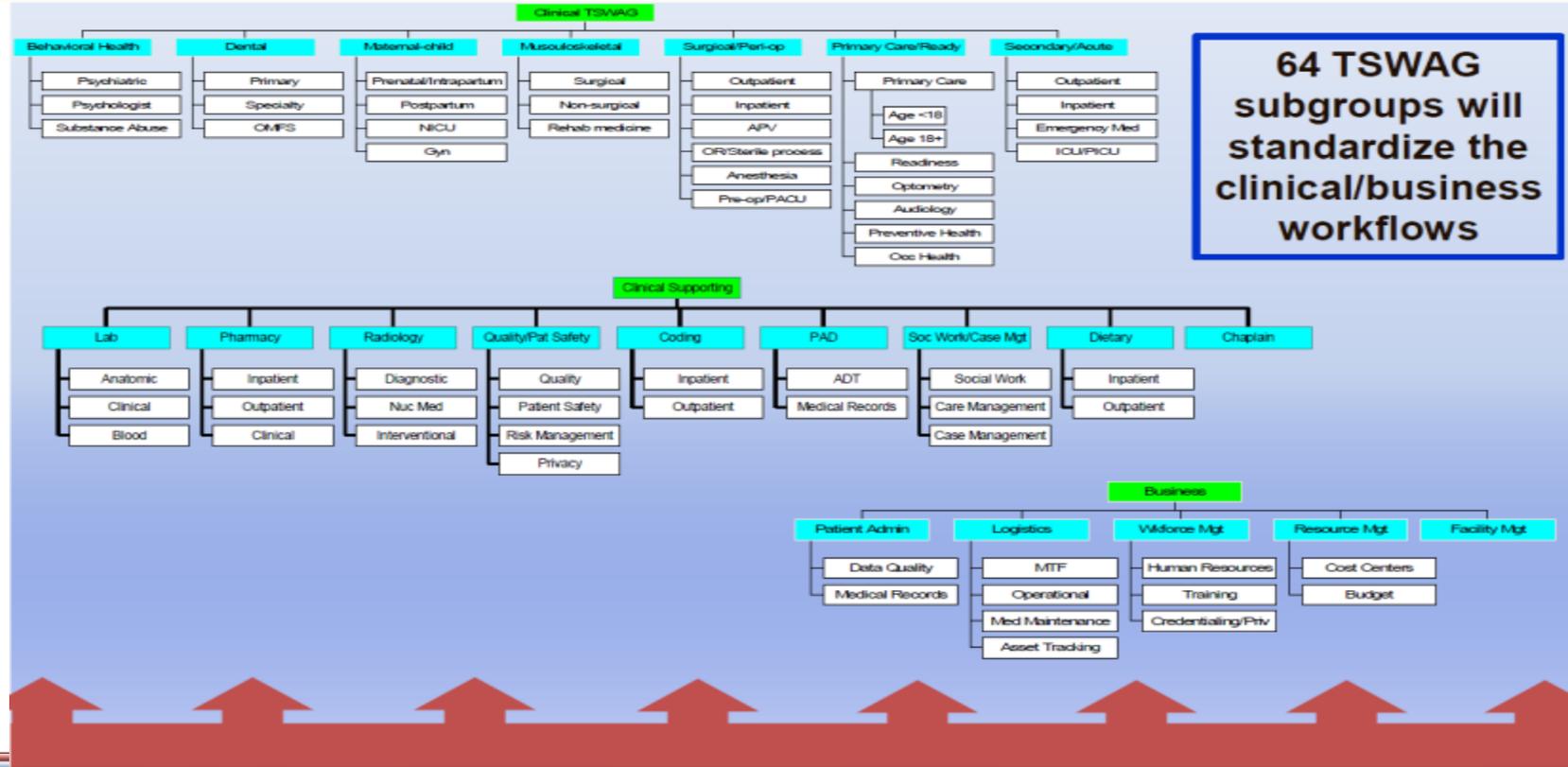
“Medically Ready Force...Ready Medical Force”

TSWAG Workflows



Defense Health Agency

2016 Defense Health Information Technology Symposium



64 TSWAG subgroups will standardize the clinical/business workflows

“Medically Ready Force...Ready Medical Force”